LSHP Post-Activity Report

The Louisiana SHP (LSHP) Annual Meeting was held from May 27–29 in New Orleans, Louisiana. ***"Zero Tolerance for HAIs"***, a breakfast symposium on May 28, was part of the official program. It was attended by 150 participants—over 90% practice in the hospital setting. This was the second year of the ***"Zero Tolerance"*** program at the LSHP Annual Meeting. This year's program was designed to address quality improvement and patient safety issues in hospitals with respect to hospital-acquired infections.

"As pharmacists, we really have a unique role to bridge the gap of what is best for not just a specific patient but also the hospital and the community as a whole."
Alla Paskovaty, PharmD

"In seriously ill patients, costs of antimicrobials account for only 2% of overall healthcare costs, and yet pharmacists are judged on this small portion. Pharmacists and administrators must recognize the need to focus on the other 98% if we want to improve the quality of care."
Robert Rapp, PharmD

Dr. Keturah Reid Robinson, President, LSHP, introduced the program and the faculty. Dr. David Burgess, President, SIDP, provided a brief overview and goals of the program, highlighting the need for pharmacists to prevent and properly manage HAIs in light of the lack of new antimicrobials under development. Dr. Robert Rapp and Dr. Alla Paskovaty discussed the challenges of emerging resistance by Gram-positive and Gram-negative organisms. They highlighted strategies pharmacists can use in the clinical setting to address the challenges posed by emerging resistance.

Clinical Skills Workshop

Following the faculty presentations, Dr. Burgess led the audience through a detailed case study translating the evidence-based presentations into clinical practice. The ensuing interactive discussion allowed constructive feedback between the faculty and the audience on how they would handle clinical decisions.

"If you are not re-assessing your patient after three days and de-escalating therapy, then you are not following antimicrobial stewardship principles at your institution."
Robert Rapp, PharmD

Clinical Questions Discussed . . .

- Would you use monotherapy or combination therapy for empiric treatment of a Gram-negative infection?
- When is it appropriate to consider colistin?
- Should colistin be used alone or in combination with another agent?
- Is it appropriate to use colistin in the absence of colistin susceptibility results?
- Should vancomycin be used when the pathogen MIC is 2 mg/L?
- Are institutions utilizing continuous or prolonged infusions of antimicrobials?
- What should be the duration of treatment to prevent a relapse in case of *Acinetobacter* infections?
- Should re-hospitalized patients with MDR infections be immediately placed in isolation?

Antimicrobial Stewardship Meeting

During the final part of the program, the audience were able to witness a faculty simulated Antimicrobial Stewardship Meeting led by Dr. Marianne Billeter on prolonged infusion regimens of β-lactam antibiotics. A number of barriers were identified for adopting a prolonged infusion policy, including making it more difficult for nurses to administer other medications with fewer lines available, and the lack of clinical data showing the benefits of prolonged infusions. The Stewardship team concluded that prolonged infusions are worthwhile for specific types of infections and patient populations, such as ICU patients.